## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**CLAIMS AS FILED - PART I** 

Application or Docket Number

09/73/971

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS							Г	RATE	FEE	) 	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	B	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			33 minus 20=		. (3			X\$ 9=		OR	X\$18=	234
INDEPENDENT CLAIMS			⊬ mir	nus 3 =	1			X40=		OR	X80=	80
MU	LTIPLE DEPENI	DENT CLAIM PI	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	1024
	CI	LAIMS AS A	AMENDED - PART II					<del>-</del>			OTHER THAN	
		(Column 1)		(Column 2)		(Column 3)		SMALL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A	and the second s	CLAIMS REMAINING AFTER AMENDMENT	e e e e e e e e e e e e e e e e e e e	NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.52	Minus	** 3	3	= 19		X\$ 9=		OR	X\$18=	3420
	Independent	TATION OF M	Minus	*** 4	E CLAIM	=		X40=		OR	X80=	
	THIOTTHEOL	THE TOTAL OF THE	02111 22 021	CNDCN	02/11/1			+135=		OR	+270=	
							Δ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	3'Y'>0
		(Column 1)			0011.1 66							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							405	<u>, , , , , , , , , , , , , , , , , , , </u>		070	
								+135=		OR	+270=	
							Α	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	11	X\$ 9=		OR	X\$18=	
	Independent	Independent		IT OL AIN	=	1	X40=		OR	X80=		
-	+135=									OR	+270=	
	If the entry in colu						L	TOTAL			TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEEOR ADDIT											ADDIT. FEE	L
ŀ		mber Previously Pa					er four	nd in the app	propriate bo	x in co	lumn 1.	